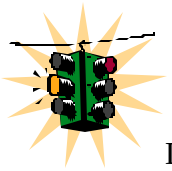


PCV7 Shortage Demands Suspension of 3rd & 4th doses

As of March, 2004, the Centers for Disease Control, The American Academy of Family Physicians, the American Academy of Pediatrics and the Advisory Committee on Immunization Practices have agreed to recommend that **all health care providers temporarily suspend routine use of both the third and fourth doses of the Pneumococcal Conjugate Vaccine, PCV7, marketed as Prevnar**Ò for healthy children**.** Children should receive their first dose at 2 months of age and their second dose at 4 months of age.

Children with certain medical conditions who are considered at highest risk for streptococcus pneumoniae infections **should continue to receive the full, routine four-dose series.** At risk children are identified as those with chronic diseases, immune system disorders, hemoglobinopathies, asplenia, long-term systemic corticosteroid use, sickle cell anemia, organ transplantation, cochlear implant recipients.

Wyeth's production problems causing the widespread shortages may be expected to continue beyond the summer of 2004.

The Montana Immunization Program endorses this protocol to assure the decreased supply available to Montana is used for the most vulnerable children, infants and children with at risk medical conditions listed above. If you have questions, please call a staff member at the Immunization Program at 444-5580.

School Administrative Rule Update and *Clarification*

The school Administrative rule changes listed in the Winter 2003 Immune Response **will NOT** be in effect for the **Fall School Year of 2004** as was previously reported**.** Hopefully the requirements will be in place for the Fall 2005 School Year.

Since the Winter 2003 Immune Response publication, the Immunization Program has received numerous phone calls and questions about the article, *"Changes in School Immunization Requirements for Fall 2004"*.

The proposed rules must go through a hearing and comment process. If you wish to receive a copy of the draft rules during the legal comment period, please call and leave your name and address with Beth Cottingham at 444-2969. All public health departments will receive a copy of the draft rules during the legal comment period.

Many have asked why 7th grade was chosen for the adolescent Td dose. This requirement reflects the 1996 Advisory Committee on Immunization Practices recommendation to routinely provide the Td booster at the adolescent visit (11-12 years of age). The dose must be spaced at least 5 years after the pre-school booster.

Questions about *"A copy of a child's immunization record will be required to be stapled to the HES-101"* revealed this is begging for clarification! This requirement will apply ONLY to new school enterers and transfers.

The Mercury Has Left the Building

Thimerosal is an ethyl-mercury-containing preservative (approximately 50% by weight) used in some vaccines and other products since the 1930's. No harmful effects have been reported from thimerosal at doses used in vaccines, except for minor reactions like redness and swelling at the injection site. However, in July 1999, the Public Health Service (PHS) agencies, the American Academy of Pediatrics (AAP), and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines as a precautionary measure.

Today, none of the recommended vaccines used in the U.S. to protect preschool children against 11 infectious diseases contain thimerosal as a preservative.

An Institute of Medicine (IOM) Report "Immunization Safety Review on Thimerosal-Containing Vaccines and Neurodevelopmental Disorders" was released in 2001. The IOM's most important conclusions were:

1) Evidence is inadequate to accept or reject a causal relationship between exposure to thimerosal from vaccines and the neurodevelopmental disorders of autism, attention deficit hyperactivity disorder (ADHD), and speech or language delay, and
2) Although the hypothesis that exposure to thimerosal-containing vaccines could be associated with neurodevelopmental disorders is not established and rests on indirect and incomplete information, primarily from analogies with methyl mercury and levels of maximum mercury exposure from vaccines given in children, the hypothesis is biologically plausible. To date, influenza vaccine is the only vaccine containing thimerosal.

Long Term Care Facilities Get Shot in the Arm!

The Montana Diabetes Control Project in collaboration with the Immunization Program is working to improve the vaccination rates for PPV23 and influenza in residents in Long Term Care Facilities. Todd Harwell, then Program Manager of the Montana Diabetes Control Project applied for a Healthy Aging Initiative Mini Grant in 2003. The purpose of the project is to increase the rate of pneumococcal and influenza immunizations to the year 2010 national health objective of 90 percent among populations with diabetes in Montana.
The Immunization Program and Diabetes Program decided to answer the National Foundation for Infectious Diseases' call to action to improve the dismal influenza vaccination rates among health care workers. Besides checking the immunization rate of the residents, influenza vaccine rates of all staff will be checked.

Project partners include two urban multi-specialty practices, one rural group practice, two community health centers, one urban Indian Health Center, and four nursing home facilities within the same communities, the Montana Diabetes, Immunization, and the Senior and Long-term Care Programs. Laura Baus the Adult Immunization Coordinator is the liaison between the public health departments and the Long Term Care Facilities.

The Immunization program with the assistance of the county public health nurse will conduct three chart audits in a nursing home chosen by the public health nurse. The first audit in April involves checking the PPV23 and influenza immunizations of the residents. At this time the flu immunization rates of the staff will also be audited. A follow-up audit in August will extract data on residents for PPV23 immunizations only. In December the final audit will check for PPV23 and influenza immunization rates of the residents along with data on the influenza immunization rate of staff.

Remember to Report Both Chronic and Acute Hepatitis C Results!! Call Laura Baus at: 444-6978 or FAX: 444-2920.

Suspect Pertussis on a chronic cough? Keep pertussis culture media on hand by calling 444-3444.

It's Rabies Season In Big Sky Country!

As warmer weather moves in and people venture into the outdoors, the potential for exposure to rabid or unvaccinated animals is increased. All possible rabies exposures are reportable to your local county health departments. Consultation is also available at the Montana Dept of Public Health & Human Services. The 24-7 phone number for the State Epidemiology Program is **444-0273.**

With the increase in summer animal-human activities it may be helpful for larger areas to keep a stock of at least one dose of Rabies vaccine and some Rabies Immune Globulin on hand. If you do keep RIG and Rabies vaccine on hand at one of your local clinics or hospitals, please notify your local public health departments, and the state immunization program at 444-2969 of your vaccine and RIG availability.

Your local health department or the state Epidemiology Program have information on the requirements for submitting specimens for rabies testing, the latest Advisory Committee on Immunization Practices (**ACIP)** statement for rabies, information on the indigent program, and other pertinent information. ***Please note...the Rabies ACIP statement is also available on the web, http://www.cdc/mmwr/pdf/rr4801.pdf***

Specimens can be sent to the State Veterinary Lab. A fee of $25.00 will be charged for the FA examination of small animals and a fee of $50.00 for the FA examination of large animals. To contact the Dept of Livestock Diagnostic Lab, call Dr. Bill Layton at **994-4885.**

Rabies Immune Globulin (RIG) and vaccine are available from:
Please note when ordering RIG, have on hand the patient's weight prior to ordering.

Vaccine & RIG

Aventis Pasteur	**1-800-VACCINE**
Chiron	**1-888-CHIRON7**

RIG Only

Bayer	**1-800-243-4153**

Study On Vaccines, Autism Retracted

(Reprinted from NATION/WORLD, by Emma Ross, Associated Press, March 4, 2004**)**

LONDON—Most of the scientists involved in a widely discredited 1998 study suggesting a link between childhood vaccinations and autism have renounced the conclusion.

Ten of the study's 13 authors signed a formal retraction, the text of which was released Wednesday by The Lancet before publication later this week in the British medical journal.

The retraction follows the recent revelation that the main author was being paid by lawyers for parents who claimed their children were harmed by the immunizations. Some of the children involved in the lawsuit also were involved in the study.

The study undermined public confidence in the triple vaccine for measles, mumps and rubella by suggesting it might be linked to autism.

MMR rates fell dramatically in Britain and several other European nations and have yet to recover, even though subsequent studies dismissed a connection between autism and the vaccine.

"We wish to make it clear that in this paper no causal link was established between the vaccine and autism, as the data were insufficient," the scientists said in the retraction.

"Consequent events have had major implications for public health. In view of this, we consider now is the appropriate time that we should together formally retract the interpretation placed on these findings in the paper," the group wrote.

Measles vaccine may transiently suppress the response to a PPD skin test in a person infected with Mycobacterium tuberculosis. However, if both PPD and MMR are administered on the SAME DAY, no interference with the PPD test is noted. If NOT administered on the same day, PPD screening should be delayed >4 wks after MMR vaccination.

Hepatitis C Frequently Asked Questions (FAQ)

How come my hepatitis C reports don't show up in the weekly epi report?
The weekly report reflects what is reported to CDC. CDC only wants acute hep C.

Why only acute cases?
It helps in determining incidence trends, persons at highest risk for infection and to evaluate effectiveness of prevention efforts.

Why does the state have a chronic Hep C registry?
Our state chronic registry is intended to prevent us from initiating follow-up twice on lab reports and giving us an option of tracking burden and initiating follow-up.

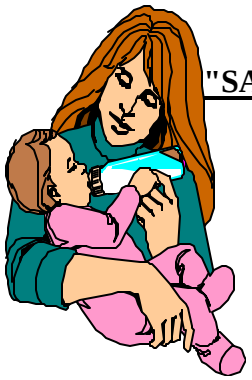
The minimum intervals for dosing of Pediarix® are determined by the HepB vaccine.

Doses	Spacing
Between doses 1 and 2	4 weeks
Between doses 2 and 3	8 weeks
Between doses 1 and 3	4 months and Babe must be at Least 6 mos old

E E E E E **DayCare** E E E E E E E E E E

The Daycare immunization requirements are undergoing a change, and soon, documentation of varicella vaccination will be a requirement for all children attending daycares.

E E E E E E E E **DayCare** E E E E E E E



HEPATITIS B - HOW SAFE "SAFETY NET"?

Recently, I received a copy of a Montana newspaper containing an article, written by a nationally syndicated journalist. The journalist was a new mother. She and her husband had declined the Hepatitis B birth dose because they could see "no reason for a newborn to receive a vaccine that prevents a disease of injection drug users and spread through sexual activity". She stated that they had asked health care personnel, in the nursery, why they offered the birth dose. The only answer they received was that the "shot" was recommended and considered the "standard of care".

By Marci Eckerson, Nurse Consultant

This journalist's information was partially correct. Chronic hepatitis B infections can be the result of injection drug use and sexual activity - about two thirds of all chronic infections are the result of these activities. **What she didn't know was that one third of all chronically infected Americans were infected by their mothers as newborns.**

This hospital's personnel gave no background or rationale compelling enough to convince these parents that the "birth dose" was the right thing to do. I think we would all agree that we must provide better answers. All health care personnel, involved with MT newborns and their families, must understand the rationale and be ready to share when parents have questions.

So why is the birth dose considered the "standard of care" & the "safety net"?
It is true that the birth dose is considered the "standard of care" by the Centers for Disease Control, the American College of Obstetrics and Gynecology, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Advisory Committee on Immunization Practices. But why?

The following are some reasons why the birth dose should be both the "standard of care" and the "safety net":

- One third of all chronically infected Americans, were infected with hepatitis B virus - as newborns and infants.
- Pregnant women may be infected without knowing it and can pass it on to their babies. CDC estimates that each year in the United States about 22,000 infants are born to (HBsAg) positive women and many go undetected. Two in every 1,000 pregnancies involve acutely infected mothers and even more involve chronically infected mothers who may be asymptomatic.
- Efforts in the past to target individuals that are thought to be at "high risk" for infection have adequately demonstrated that only about 40% of the positive moms were found - 60% were not identified.
- Without maternal screening during each pregnancy and appropriate immuno-prophylaxis, infants exposed to hepatitis B virus at the time of birth are in serious jeopardy.
- Even with prenatal screening, women with continued risks can test negative early in the pregnancy and convert before delivery.
- The incubation for hepatitis B is 45 to 180 days. Waiting until the infant is two months (60 days) of age to start the Hepatitis B series gives this disease a head start.
- Although infected infants may be asymptomatic, some 90% of them will become chronic carriers, 25% of the chronic carriers will die of cirrhosis or primary hepatocellular carcinoma in early adulthood. The younger a person is when they are infected, the more likely they are to become a chronic carrier. **MT lost a young adolescent in 2003 to hepatocellular carcinioma, a complication of this chronic hepatitis B status. His mother is a chronic carrier.**

Two of the surviving children were also found to be carriers.

- Chronically infected persons remain continually contagious throughout their life.
- The CDC "Pink Book" Epidemiology & Prevention of Vaccine-Preventable Diseases, states: "Hepatitis B vaccines administered alone beginning within 24 hours after birth is 70%-90% effective in preventing perinatal HBV infection, with proper follow-up.

Prenatal screening, risk assessment, and the Hepatitis B series - starting with the birth dose are the keys to prevention. Every partner should be able to provide appropriate rationale for these life-saving acts. We must all work together to provide a truly safe - "safety net"!

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